



Abraham Veterinary Clinic
503 W. 18th St.
Austin, TX, 78701
512-472-5879

Boarding Admission Form

Owner: _____ Date: _____
Address: _____ Home Phone: _____
City, State, Zip: _____ Work/Cell Phone: _____

NAME AND NUMBER WHERE YOU CAN BE CONTACTED IN CASE OF AN EMERGENCY: _____

NAME AND NUMBER OF AN ALTERNATIVE CONTACT: _____

DATE TO BE PICKED UP: _____ TIME ____: ____AM/PM

Pet's name(s): _____ Breed: _____
Sex: _____ Age: _____ Color: _____

Medication to be given while boarding: _____ Time: ____: ____AM/PM
_____ Time: ____: ____AM/PM

Boarding fee per day: _____ Medication Fee: \$6.50 - \$12.75 per/day
(Additional nursing fees may apply for pets requiring extra care.)

All pets are required to be up to date on their Rabies and dogs require a Bordetella (or Kennel Cough vaccine) as well.

I authorize Abraham Veterinary Clinic to perform any procedures necessary for treating and maintaining my pet's health and well being, while boarding here. While I expect all procedures to be performed to the best of the staff's abilities, I realize the hospital makes no guarantee or warranty regarding the results. I understand there is a risk to many procedures, including anesthesia. If my pet should injure itself, escape, fail to eat, become ill, or die, I do not hold Abraham Veterinary Clinic and its employees responsible. Payment is required at the time of the animal(s) release from our care. The pet(s) are released only during regular doctor's hours.

SIGNATURE: _____

DATE: _____

Items brought with pet(s):

Food Blanket/Toys Carrier Leash/Collar
 Other: _____

Amount of food to be given: _____